

CLUBLITHGOW

...on Lithgow Street!

Application for Membership

The Secretary, Lithgow City Bowling Club Ltd,

I, (print full name)

Of (print address)

..... Postcode.....

Telephone Number.....

Desire to become a member of Lithgow City Bowling Club Ltd and request that you enter my name in the Register of Members. I agree to be bound by the Club Constitution, rules and by-laws.

Occupation..... Date of Birth...../...../..... Male Female

| | | |
|---|--------------------------|---------|
| Class of Membership applied for: | BOWLING MEMBER | \$65.00 |
| | BOWLING PENSIONER | \$50.00 |
| | MEMBER | \$10.00 |
| | MEMBER SPECIAL (5 YEARS) | \$40.00 |

(Lockers when available are \$2.00 p.a.)

Dated this Day of 20

Signature of applicant.....

Applicant nominated by (print name)

Signature of nominator Member Number

Applicant seconded by (print name)

Signature of seconder Member Number

Membership amount paid? Yes No Received by.....

Date received...../...../..... Date approved...../...../..... Date notified...../...../.....